

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
 FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS



DOCUMENT # 716257

1. Corporation Name
1969 LA SOCIETE DES QUARANTE HOMMES ET HUIT CHEVAUX, GRANDE VOITURE OF FLORIDA

Principal Place of Business Mailing Address
HUIT CHEVAUX GRAND VOITURE OF FLORIDA **1140 NE 109 TERR**
316 S W 25TH STREET **N MIAMI BCH FL 33162**
FORT LAUDERDALE FL 33315 **HS**

If above addresses are incorrect in any way, line through, incorrect information and enter correction below
 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable
 Suite, Apt. #, etc. Suite, Apt. #, etc.
924 NW 11 CT
 City & State City & State
FT. LAUDERDALE, FL
 Zip Country Zip Country
33311 BROWARD

FILED
 99 APR 16 11 3: 29
 COUNTY OF BROWARD, FLORIDA



REINSTATEMENT
 4. Date Incorporated or Qualified To Do Business in Florida **03/24/1969**
 5. FEI Number **59-6151483**
 6. CERTIFICATE OF STATUS DESIRED **\$8.75 Additional Fee required for a Certificate of Status**

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	BRYNMAN, AL Ed Miller	51 NE 47TH ST 111 ROYAL PK. DR. #111	FT LAUDERDALE, FL 33309 33309
PD	SCHULTE, GUYDE William PETERSON	2820 NE 57 STREET 1561 N.E. 43 ST	FT LAUDERDALE FL 33334 33334
VD	CAMPBELL, GENE	924 NW 11 COURT	FT LAUDERDALE FL 33311 33311
D	CAWENDO, PETER A. SAM KRECHER	19812 NW 13TH PL 1540 N. 71ST AVE	MIAMI FL HOLLYWOOD FL 33024
D	LARKINS, JAMES Ed DOCYK	12540 SW 6 ST 2134 NOVA VILLAGE DR P.O. BOX 291686	FT LAUDERDALE FL DAVIE, FL 33317
ST	STOECKLE, GORDON ED DOCYK	5700 GIMMS ST 2134 NOVA VILLAGE DR	HOLLYWOOD FL DAVIE, FL 33317

8. Name and Address of Current Registered Agent
STOECKLE, GORDON
300 N. W. 11th AVE
APT 425 **300002854183-4**
HALLANDALE BEACH, FL 33009
04/27/93-01098-004
*****306.25 ***306.25**

9. Name and Address of New Registered Agent
 Name **Edward DOCYK**
 Street Address (P.O. Box Number is Not Acceptable) **P.O. Box 291686 2134 NOVA VILLAGE DR**
 Suite, Apt. #, Etc.
 City **DAVIE** State **FL** Zip Code **33317**
33329

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.
 Signature of Registered Agent **Edward Docyk** Date **3/24/99**
 REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No
 (See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: **Edward Miller**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
EDWARD MILLER
3/24/99 954-735-7954
 Date Date

CR2E040 (9/98)